

## **Application Data Sheet**

### **Application Information**

|                                 |   |
|---------------------------------|---|
| Application number::            | 09/723,713  |
| Filing Date::                   | 11/27/00  |
| Application Type::              | Regular   |
| Subject Matter::                | Utility   |
| Suggested classification::      |   |
| Suggested Group Art Unit::      |   |
| CD-ROM or CD-R??::              |   |
| Number of CD disks::            |   |
| Number of copies of CDs::       |   |
| Sequence Submission::           | Yes   |
| Computer Readable Form (CRF)?:: | No  |
| Number of copies of CRF::       |   |
| Title::                         | PREVENTION AND TREATMENT OF<br>AMYLOIDOGENIC DISEASE    |
| Attorney Docket Number::        | 15270J-004741US   |
| Request for Early Publication:: | No  |
| Request for Non-Publication::   | No  |
| Suggested Drawing Figure::      |   |
| Total Drawing Sheets::          | 16  |
| Small Entity?::                 | No  |
| Latin name::                    |   |
| Variety denomination name::     |   |
| Petition included?::            | Yes   |
| Petition Type::                 | Petition for Extension of Time Under 37 CFR<br>1.136(a) |
| Licensed US Govt. Agency::      |   |
| Contract or Grant Numbers One:: |   |

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Dale  
Middle Name: B.  
Family Name: Schenk  
Name Suffix:  
City of Residence: Burlingame  
State or Province of Residence: CA  
Country of Residence: US  
Street of Mailing Address: 1542 Los Altos Drive  
City of Mailing Address: Burlingame  
State or Province of mailing address: CA  
Country of mailing address:  
Postal or Zip Code of mailing address: 94010

### **Correspondence Information**

Correspondence Customer Number: 20350

### **Representative Information**

Representative Customer Number: 20350

| Representative Designation: | Representative Number: | Representative Name: |
|-----------------------------|------------------------|----------------------|
| Primary                     | 37,273                 | Nina M. Ashton       |
| Primary                     | 32,731                 | Jean M. Duvall       |
| Primary                     | 31,547                 | Lisabeth F. Murphy   |

### **Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of   | 09/322,289           | 05/28/99             |

### **Assignee Information**

|   |                     |
|---|---------------------|
| Assignee Name::                         | Neuralab Limited    |
| Street of mailing address::             | 102 St. James Court |
| City of mailing address::               | Flatts, Smiths      |
| State or Province of mailing address::  |                     |
| Country of mailing address::            | Bermuda             |
| Postal or Zip Code of mailing address:: | FL 04               |